

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001311
STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 24

FILED FEB 13 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Grundy	b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton	a. STATE Missouri	b. COUNTY Grundy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hospital		d. STREET ADDRESS 417 Main St.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) VERNIE HAYWORTH OREN		4. DATE OF DEATH Month February Day 5 , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) police man		10b. KIND OF BUSINESS OR INDUSTRY city of Trenton	11. BIRTHPLACE (City and state or country) Grundy Co. Mo.
13a. FATHER'S NAME Silas Oren		13b. MOTHER'S MAIDEN NAME Ruthie McGriff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Rosie Oren, Trenton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency DUE TO (b) arterio sclerosis DUE TO (c) 1 year		INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:00 A. - Month, Day, Year Feb. 7, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Trenton Mo	
21. I attended the deceased from Jan. 1, 62 to 2/5/62 and last saw him alive on Feb. 4, 62 Death occurred at 6:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. J. Lucian MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 7, 1962	23c. NAME OF CEMETERY OR CREMATORY Resthaven Masonic Gardens, Grundy, County, Missouri
24. FUNERAL DIRECTOR Spencer H. Slater		25. DATE RECD. BY LOCAL REG. 2-7-1962	
26. REGISTRAR'S SIGNATURE Jaene Fair		22c. DATE SIGNED 2/8/62	

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.